PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10-754-812					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TC	TAL CLAIMS		30			·		RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			30 minus 20=		. 10			X\$ 9=		OR	X\$18=	190	
INDEPENDENT CLAIMS			# minus 3 =					X43=		OR	X86=	86	
MU	LTIPLE DEPE	IDENT CLAIM P	RESENT					+145=		OR	+290=	00	
* If the difference in column 1 is less than zero, enter "0" in column 2							į	TOTAL	_	OR	TOTAL	1036	
CLAIMS AS AMENDED - PART II										J O	OTHER		
(Column 1) (Column 2) (Column 3)								SMALI	ENTITY	OR	SMALL		
AMENDMENT A	4/17/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 30	Minus	- 3	30	= /		X\$ 9=		OR	X\$18=		
	Independent	. 4	Minus	***	4	= /		X43=	17	OR	X86=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			+145=	17	OR	+290=	/	
							L	TOTA		OR	TOTAL ADDIT, FEE	/	
		(Column 1)		(Colum	n 2)	(Column 3)		ADDII. FEI	- L		ADDII. 1 EE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	•	
		(Column 1)		(Colum		(Column 3)	,						
≯ }	`	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***			ı	X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.445			.000		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE													
		ber Previously Paid					foun	d in the ap	propriate box	in co tu	ımn 1.		

Application or Docket Number